# NEW PRODUCTS

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The two-piece Little Ones™ Sur-Fit® System offers the convenience and protection of ConvaTec's adult Sur-Fit System, with a soft, pliable adhesive collar that anchors securely and a low-profile, snap-lock flange that allows parents or children to change the pouch while leaving the wafer in place. The system offers drainable pouches and mini-pouches with flange sizes 1¼" and 1¾" and urostomy pouches with 1¼" flanges.

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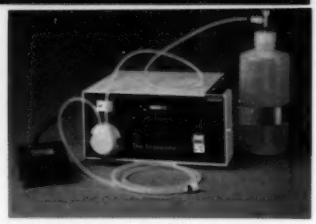

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Fujinon Inc. announces the availability of the Frantz Smooth Sheath Biopsy Forceps.

The Frantz Forceps offers a patented, completely smooth sheath designed to pass through the scope channel with less difficulty than other forceps. The smooth sheath is also easier to clean.

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# Technique Highlights Statistical Variation in Small Intestine Motility

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The new combination avoids the errors intrinsic in standard pooling of data or calculating median values from individual means. Values from both these approaches are often eyed with skepticism, because great variation in MMC parameters occurs not only from subject to subject, but also within the individual during the study.

"We have set up a new ambulatory technique for small intestine manometry, with microtip transducers and a portable digital memory," the investigators said. They were led by Dr. Einar Husebye, section of gastroenterology, Ulleval Hospital.

The new recording system—two pressure sensors 15 cm apart on a catheter 3 mm in diameter—was developed by Dr. Husebye and his co-workers. The present series of 19 healthy adults was the first extensive test of the new digital ambulatory technology.

The researchers also underscore the critical role of their statistical approach in accurately quantitating the phasic events. They used a basic variance component statistical model with an extension that enabled them to incorporate data from incomplete MMC periods. This ability to use incomplete data, lacking in standard approaches, has curtailed the accuracy of their estimates.

Interestingly, the combined approach revealed that 90% of the variance in estimating the MMC period stems from variance within single subjects. This led the researchers to suggest that the informative value of recording a single complete MMC period should be questioned.

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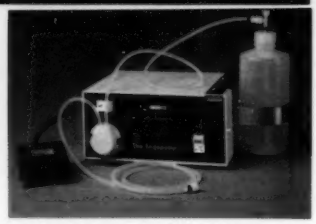

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## Statistical Variation

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The accuracy of the new approach was highlighted by a parallel analysis of the empiric data garnered by the new technology. The data were used to calculate the MMC parameters by each of the commonly used methodologies. For example, the calculated median from the pooled data fell short by 12 minutes from the 102-minute value emerging from the extended variance component model as the length of the MMC period.

By contrast, the use of a mean value based on individual means produced an estimated MMC period of 106 minutes, which by the new approach differed by only 4 minutes. Moreover, both estimates were in good accord with previously reported values, which were also calculated from individual means.

Despite this agreement, the calculation of the standard deviation from estimates derived from individual means produced a value of ±35 minutes, as compared with the ±53 minutes derived from the new methods. Consequently, Dr. Husebye and his coworkers concluded, "The method based on means did not express the real dispersion of random observation."

Data from incomplete MMC periods cannot be analyzed by the older statistical methods. However, by comparing the findings of the new method with and without the incomplete data, the investigators found that inclusion of the data lengthened the estimate of the MMC period by about 5%. They pointed out, "In short-term recordings or if the MMC periods are prolonged, the influence of incomplete MMC periods will obviously be more dominant."

Variation within individuals affected, to a lesser degree, the estimates of other MMC parameters, such as the duration of phase III in the duodenum and the proximal jejunum, the propagation velocity of phase III, and the calculated length of the proximal jejunum. Nonetheless, the same types of errors, though of smaller magnitude, were associated with the use of the standard methods, favoring the application of the Norwegian statistical approach.

After the catheter was placed transnasally to a location in the proximal jejunum as confirmed by fluoroscopy, the subjects exhibited a high degree of tolerance to the procedure. This was demonstrated by the mean score of 88% for quality of sleep. □